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CONFIRMATION NO. 2289

SERIAL NUMBER 10/766,061	FILING DATE 01/28/2004 RULE	CLASS 623	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 1211 DIV
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/877,639 06/08/2001 PAT 6,695,878
 which claims benefit of 60/214,120 06/26/2000

yes / QT

** FOREIGN APPLICATIONS *****

None / QT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	DRAWING 20	12	1
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Vascular device for valve leaflet apposition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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